

#4

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
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# **DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)**

☐ Declaration  
Submitted With Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number 015225-005420US

First Named Inventor Steve Paboojian

## **COMPLETE IF KNOWN**

Application Number 09/731,318

Filing Date December 6, 2000

Group Art Unit 3761

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**RECEPTACLES TO FACILITATE THE EXTRACTION OF POWDERS**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

12/06/2000

as United States Application Number or PCT International

Application Number 09/731,318 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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INVALE THERAPEUTIC SYSTEMS

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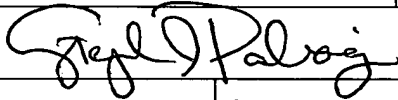

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	20350	OR	<input type="checkbox"/> Correspondence address below
<b>Name</b>	Darin J. Gibby, Esq.				
<b>Address</b>	Townsend and Townsend and Crew LLP				
<b>Address</b>	Two Embarcadero Center, 8 <sup>th</sup> Floor				
<b>City</b>	San Francisco	<b>State</b>	California	<b>ZIP</b>	94111
<b>Country</b>	U.S.A.	<b>Telephone</b>	(303) 571-4000	<b>Fax</b>	(303) 571-4321
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b>	Steve	<b>Family Name</b>	Paboojian or Surname		
<b>Inventor's Signature</b>				<b>Date</b>	13 MAR 01
<b>Residence: City</b>	Menlo Park	<b>State</b>	California	<b>Country</b>	U.S.A.
<b>Citizenship</b>	U.S.A.				
<b>Mailing Address</b> 2133 Avy Avenue					
<b>Mailing Address</b>					
<b>City</b>	Menlo Park	<b>State</b>	California	<b>ZIP</b>	94025
<b>Country</b>	U.S.A.				
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b>	Carlos	<b>Family Name</b>	Schuler or Surname		
<b>Inventor's Signature</b>				<b>Date</b>	13 MAR 01
<b>Residence: City</b>	Cupertino	<b>State</b>	California	<b>Country</b>	U.S.A.
<b>Citizenship</b>	U.S.A.				
<b>Mailing Address</b> 22305 Carta Blanca St.					
<b>Mailing Address</b>					
<b>City</b>	Cupertino	<b>State</b>	California	<b>ZIP</b>	95014
<b>Country</b>	U.S.A.				
<input checked="" type="checkbox"/> Additional inventors are being named on the attached supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet  
Page 3 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Andrew		Clark	
Inventor's Signature 		Date 3/14/2007	
Residence: City	Half Moon Bay	State	California
		Country	U.S.A.
Citizenship		Great Britain	
Mailing Address 436 Valdez Avenue			
Mailing Address			
City			
Half Moon Bay	State	California	ZIP 94019
		Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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DE 7033257 v1

#4

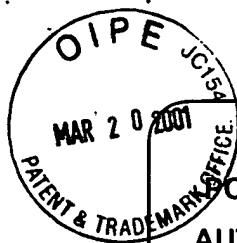
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PTO/SB/81 (10-00)

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

<b>Application Number</b>	09/731,318
<b>Filing Date</b>	December 6, 2000
<b>First Named Inventor</b>	Steve Paboojian
<b>Group Art Unit</b>	3761
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	015225-005420US

I hereby appoint:

☒ Practitioners at Customer Number
 

OR

☐ Practitioner(s) named below:
 

Place Customer  
Number Bar Code  
Label here

Name	Registration Number
Darin J. Gibby	38,464
Lesley S. Craig	26,578
Chad S. Hilyard	40,647
Roger T. Barrett	41,599

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Darin J. Gibby				
Address	Townsend and Townsend and Crew LLP				
Address	Two Embarcadero Center, 8 <sup>th</sup> Floor				
City	San Francisco	State	California	ZIP	94111
Country	U.S.A.				
Telephone	(303) 571-4000	Fax	(303) 571-4321		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

<b>Name</b>	Felissa H. Cagan, Senior Director, Intellectual Property
<b>Signature</b>	<i>Felissa H. Cagan</i>
<b>Date</b>	<i>March 13, 2001</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.  
DE 7033261 v1

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INHALE THERAPEUTIC SYSTEMS

**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: Steve Paboojian et al.

Application No./Patent No.: 09/731,318

Filed/Issue Date: December 6, 2000

Entitled: RECEPTACLES TO FACILITATE THE EXTRACTION OF POWDERS

Inhale Therapeutics Systems, Inc.

a California

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

**[NOTE:** A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

March 13, 2001

Date

Felissa H. Cagan

Signature

Felissa H. Cagan

Typed or printed name

Senior Director, Intellectual Property  
Title

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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